1110 7TH AVENUE

CUMBEDI AND

1110 /III AVENUE			
CUMBERLAND 54829 Phone: (715) 822-6113		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	51	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	51	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	50	Average Daily Census:	51
<u> </u>	*****		******

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%					
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	 %	Less Than 1 Year	32. 0		
Supp. Home Care-Personal Care	No		'		i	1 - 4 Years	54. 0		
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 0	Under 65	0.0	More Than 4 Years	14. 0		
Day Services	No	Mental Illness (Org./Psy)	44. 0	65 - 74	8.0				
Respite Care	No	Mental Illness (Other)	4. 0	75 - 84	38. 0		100. 0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	40. 0	**********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	14. 0	Full-Time Equivalen			
Congregate Meals	No	Cancer	2. 0		[Nursing Staff per 100 Re	si dents		
Home Delivered Meals	No	Fractures	4. 0		100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	12. 0	65 & 0ver	100. 0				
Transportati on	No	Cerebrovascul ar	10.0	[']		RNs	13. 0		
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	2. 0		
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	20. 0	Male	26.0	Ai des, & Orderlies	37. 6		
Mentally Ill	No			Femal e	74.0				
Provide Day Programming for			100. 0		j				
Developmentally Disabled	No				100. 0				

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	35	94. 6	87	0	0.0	0	12	92. 3	117	0	0.0	0	0	0.0	0	47	94. 0
Intermedi ate				2	5.4	73	0	0.0	0	1	7. 7	117	0	0.0	0	0	0.0	0	3	6. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		37	100.0		0	0.0		13	100.0		0	0.0		0	0.0		50	100. 0

County: Barron Facil
CUMBERLAND MEMORIAL HOSPITAL - ECU

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period	ļ	1					
.		ľ		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi sta	ance of	% Totally	Number of
Private Home/No Home Health	20. 0	Daily Living (ADL)	Independent	One Or 7	Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 3	Bathi ng	8. 0	5	2. 0	40. 0	50
Other Nursing Homes	26. 7	Dressi ng	8. 0	5	2. 0	40. 0	50
Acute Care Hospitals	46. 7	Transferring	36. 0	4	6. 0	18. 0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	44. 0	2	4. 0	32. 0	50
Rehabilitation Hospitals	0.0	Eati ng	72. 0	1:	2. 0	16. 0	50
Other Locations	3. 3	*************	******	******	******	********	*****
Total Number of Admissions	30	Conti nence		% Spe	ecial Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	6. 0	Receiving Re	spi ratory Care	0. 0
Private Home/No Home Health	6. 7	Occ/Freq. Incontinent	t of Bladder	56. 0 l	Receiving Tr	racheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	22. 0 l	Receiving Su	cti oni ng	0. 0
Other Nursing Homes	6. 7]	Receiving Os	stomy Care	2. 0
Acute Care Hospitals	3. 3	Mobility		l	Recei vi ng Tu	lbe Feedi ng	2. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	10. 0	Receiving Me	chanically Altered Diets	30. 0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care		0 t	her Resi dent	Characteristics	
Deaths	83. 3	With Pressure Sores		2. 0	Have Advance	Directives	100. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	30			l	Receiving Ps	ychoactive Drugs	64. 0

	Thi s	0ther	Hospi tal -	I	Al 1
	Facility	Based F	acilities	Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	88. 1	1. 14	84. 6	1. 18
Current Residents from In-County	92. 0	83. 9	1. 10	77. 0	1. 20
Admissions from In-County, Still Residing	50. 0	14. 8	3. 38	20. 8	2.40
Admissions/Average Daily Census	58. 8	202. 6	0. 29	128. 9	0.46
Di scharges/Average Daily Census	58. 8	203. 2	0. 29	130. 0	0. 45
Discharges To Private Residence/Average Daily Census	3. 9	106. 2	0.04	52. 8	0. 07
Residents Receiving Skilled Care	94. 0	92. 9	1. 01	85. 3	1. 10
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	74. 0	66. 3	1. 12	68. 7	1.08
Private Pay Funded Residents	26. 0	22. 9	1. 13	22. 0	1. 18
Developmentally Disabled Residents	2. 0	1. 6	1. 28	7. 6	0. 26
Mentally Ill Residents	48. 0	31. 3	1. 53	33. 8	1.42
General Medical Service Residents	20. 0	20. 4	0. 98	19. 4	1.03
Impaired ADL (Mean)*	48. 0	49. 9	0. 96	49. 3	0. 97
Psychological Problems	64. 0	53. 6	1. 19	51. 9	1. 23
Nursing Care Required (Mean)*	6. 8	7. 9	0. 85	7. 3	0. 92